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CONFIRMATION NO. 7514

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/566,829	01/31/2006 RULE	514	4161	TOYA145.001APC		
<b>APPLICANTS</b> Chikara Jin, Saitama-shi, JAPAN; Noboru Tatsumi, Takamatsu-shi, JAPAN; Masatake Dairaku, Saitama-shi, JAPAN; Fuminori Fukushima, Saitama-shi, JAPAN; Toshio Shimizu, Saitama-shi, JAPAN; Mitsuo Togashi, Saitama-shi, JAPAN; Hiroshi Ninomiya, Saitama-shi, JAPAN;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP05/12835 07/12/2005						
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2004-205043 07/12/2004						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/23/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /CRA/G D RICC/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES						
<b>TITLE</b> Pharmaceutical composition for oral administration						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			